



MASON Tax & Business Solutions Rental Income / Expense Worksheet

Taxpayer Name: _____

T = Taxpayer
S = Spouse
J = Joint

If you do not take an active part in the operation of the property.
 Number of Days rented during year? _____
 Number of days you or your family member resided at location? _____

T, S, J	Property Code	Date Acq.	Active ?	Description of Property	Location		
	A						
	B						
	C						
	D						

INCOME	A	B	C	D
Rents:				
Deposits:				
Other:				

EXPENSES

Real Estate Taxes				
Mortgage Interest				
Other interest				
Insurance				
Cleaning/Maint.				
Yard Removal				
Trash Hauling				
Supplies				
Fuel				
Electricity				
Water/Sewer				
Wages/Labor				
Mgmt. Fees				
Travel Expense				
Auto Travel Mileage				
Telephone				
Advertising				
Legal & Professional				
Repairs - Painting				
- Plumbing				
- Electrical				
- Appliance				
-				
Refunds				
Other:				
Personal Use (% or Amount)				

New Equipment or Capital Improvements (Detail type, date, original cost):

Depreciable Assets Sold or Disposed (Detail type, date, original cost):
